

PLEASE PRINT FRONT TO BACK SAVE PAPER!

Complete a SEPARATE form for each child you wish to register:

	Nutz 4 Nutcracker Workshop PRESCHOOL	Friday, Dec. 9, 2011 3:30 – 5:00 p.m.	\$16
	Nutz 4 Nutcracker Workshop ELEMENTARY	Friday, Dec. 9, 2011 12:00 – 2:45 p.m.	\$24
	Peter Pan Workshop PRESCHOOL	Friday, Feb. 24, 2012 3:30 – 5:00 p.m.	\$16
	Peter Pan Workshop ELEMENTARY	Friday, Feb. 24, 2012 12:00 – 2:45 p.m.	\$24

Of tickets to the Dec. 10 2pm CO Ballet Nutcracker performance @ \$18 per ticket:

Under what NAME would you like these tickets at will-call? (ID Required) _____

Of tickets to the Feb. 25 2 pm CO Ballet Peter Pan performance @ \$18 per ticket:

Under what NAME would you like these tickets at will-call? (ID Required) _____

Am't for Workshop(s) _\$ _____ + Am't for CO Ballet Tkts _\$ _____ = _\$ _____

Payment: _____ Pay Pal online via credit card OR _____ Mail-in Check (Ck # _____)

Today's Date

Dancer's Name

Age

Birthday

School

Parent/Guardian Name #1

Cell Phone

Parent/Guardian Name #2

Cell Phone

Family Email

Emergency Contact Name and Number

Doctor's Name

Dr.'s Phone

Mailing Address: PO BOX

City

State

Zip

Physical Address:

City

State

Zip

People Approved to Pick this child up are:

Share if your child has any medical, emotional, physical, allergy-related, and/or social challenges that would assist us to best meet his/her instructional needs.

Liability and Release

I understand that in allowing my child _____ to participate in Mountain Moon Yoga workshops and/or activities, that there is the possibility of physical injury. I ascertain that this child is healthy and has chosen to participate in this activity. I understand that participating in dance involves motion in a unique environment and such as carries with it the risks of injury, paralysis, or even death. I agree to assume all risks due to participation in this class or any Mountain Moon Yoga activity taking place inside or outside of Mountain Moon Yoga studio. Participants must carry their own medical insurance. All medical expenses incurred will be the responsibility of the participant and/or their legal guardian. I hereby authorize Mountain Moon Yoga Studio and its staff and/or contractors to act for me according to their best judgment in any emergency requiring medical attention. Mountain Moon Yoga is not responsible for theft, loss, and/or damage of personal items. I understand that the nature of a dance and performing arts classroom may involve touch for the sake of correction. Mountain Moon Yoga aims to keep all media age appropriate. I understand that this child may be exposed to media content deemed appropriate by the Mountain Moon Yoga Staff for educational purposes. I exempt, release, and indemnify Mountain Moon Yoga Theatre and its employees and volunteers from any and all liability claims, demands or causes or action from damage, theft, loss, or personal injury to this child while under supervision of the Mountain Moon Yoga Staff. I understand that Mountain Moon Yoga retains the rights to use any photographs or record of class/special event for publicity, advertising, or any legitimate purpose without limitation or compensation.

Parent/Guardian Signature _____ **Date** _____

Policies (please initial each line preceding statement.)

_____ I hereby give *Dance from the Heart* (DFTH) and/or Mountain Moon Yoga permission to use _____'s name and/or photographic likeness in all forms of media, whether electronic, print, digital, or electronic publishing via the Internet for advertising, trade, or other lawful purposes. OR

_____ *I do not give permission.*

_____ DFTH reserves the right to cancel any class when less than 10 students enroll by registration deadline (one week prior to class start date)

_____ I understand there are no class refunds or deductions for workshops not attended due to family travel, appointments, change of plans, or for any other reason, with the exception of participant illness the day of the workshop. Refund for illness is granted only if I call the instructor at least two hours PRIOR to workshop start time.

_____ If the instructor cannot attend a scheduled class due to her illness or that of one of her children; I understand that a make-up date will be scheduled as soon as feasibly possible.

_____ In the event of a returned check, I agree to submit another payment within three day's notice and will be charged \$30 for bank and processing fees.

_____ My child will bring his/her own full water bottle for each workshop.

How did you hear about Mountain Moon Yoga and *Dance From The Heart* Workshops?

- Word of Mouth? Who? _____ On the Web? A flyer? Posted where? _____
 Other?

Thank you for registering your child for a *Dance From The Heart* Workshop!